09/706490 Date

Claim	Date	Claim	Date	Claim	Date
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10		60		110	<del>┈╽┈┩╼┩╸┦╶╂╍</del> ┨╶┼┄
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- 20	<del>┈┤┈┤┈┤┈┤┈┤┈</del> ┤	70	<del>- - - - - -</del>	120	╂═╂═╂═╂═╂═╂
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49		99			
50		100		149	
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If more than 150 claims or 10 actions staple additional sheet here